

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734269 (4)
1. Corporation Name
GFWC WEST PALM BEACH JUNIOR WOMEN'S CLUB, INC.



Principal Place of Business
PO BOX 2002
P.O. BOX 2002
W. PALM BCH FL 33402
US

Mailing Address
PO BOX 2002
P.O. BOX 2002
WEST PALM BCH FL 33402
US

3. Date Incorporated or Qualified 11/07/1975
3a. Date of Last Report 05/01/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number 59-1747139
Applied For
Not Applicable

23 Zip Country
24 25 29 30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAUGER, PHYLLIS
10361 OLIVER LANE
ROYAL-PALM FL 33411
14482 Autumn Avenue
Wellington, FL 33414

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE PHYLLIS GAUGER, VICE PRESIDENT
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-96

12. OFFICERS AND DIRECTORS

T
NAME BRECHER, BUNNIE
STREET ADDRESS 7585 NEMEN DR., N.
CITY-ST-ZIP W. PALM BCH. FL

S
NAME FERRIS, LINDA
STREET ADDRESS 7699 NEMEC DRIVE SOUTH
CITY-ST-ZIP W PALM BEACH FL

T
NAME LONGHURST, JOY
STREET ADDRESS 185 AKRON ROAD
CITY-ST-ZIP LAKE WORTH FL

T
NAME DAVIS, BONNIE
STREET ADDRESS 220 SECOND WAY
CITY-ST-ZIP W. PALM BCH. FL

VP
NAME GAUGER, PHYLLIS
STREET ADDRESS 10361 OLIVER LANE
CITY-ST-ZIP ROYAL PALM BCH FL

VP
NAME BLACKFORD, JANET
STREET ADDRESS 3618 VALLEY WAY
CITY-ST-ZIP W. PALM BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LINDA FERRIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (407) 967-9811
Date Daytime Phone #
SF 5-24-91

CR2E037 (12/95)